

DETERMINANTS OF WHITE DISCHARGE PROBLEMS AMONG YOUNG MARRIED WOMEN

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Abstract

The problem of white discharge is common among women belong to downtrodden society, where sexual and reproductive hygiene is not maintained. In the present study 778 young married women were selected from Killai Block of Chidambaram Taluk. Interview schedule was the instrument used for data collection and universal sampling procedure was adopted for data collection. The patterns, differentials and determinants of white discharge problems were studied using percentages, chi-square test of significance and multi-logistic regression technique. A higher percentage of schedule caste women suffered from white discharge problems than non-scheduled caste women. Among the white discharge problems discharge with bad dour, itching or irritation, white discharge with fever, severe lower abdominal pain are the reported ones. Differentials showed that In the case of scheduled caste the percentage of women suffered by white discharge problems varied insignificantly by husband's occupation ($p < 0.05$) but did not turn out to be significant in the case of respondents occupation, husbands monthly income, use of family planning methods and number of pregnancies. Regarding determinants of white discharge problems, among total sample women young married women from non-scheduled caste reported lower magnitude of white discharge problems than schedule caste women ($p < 0.10$). On the basis of the above findings some of the policy implications were also made.

Key Words : *White discharge, discharge with bad dour, itching or irritation, white discharge with fever, Patterns, Differentials, Determinants.*

Introduction

The problem of white discharge is also a common one among Indian women especially in rural areas. Women neither know that these problems are gynecological in nature nor felt serious. Estimates show that about 40-70 percent of the women especially in rural areas suffering from one or the other white discharge

problems. With this background, in this section, an attempt is made to analyse the patterns, differentials and determinants of problems related to white discharge among the sample young married women.

Methodology

The present piece of research work intends to study the menstrual problems and its determinants. For this purpose women from two major caste groups Scheduled caste and non-scheduled caste in an underdeveloped rural setting, Tamil Nadu state, India were selected and studied. This chapter provides an overview of the methodological issues adopted for carrying out the research work. These aspects were given under the following headings; objectives, conceptual framework, hypothesis, universe of the study, sample frame and size, description of the study area, data collection including the instruments used and data analysis including a brief description of statistical methods used to analyse the data.

Specific Objectives

- To study the pattern of white discharge problems and understand the role of socio-economic and cultural factors influencing menstrual problems among young married women of Scheduled Caste and non-scheduled caste groups.
- To analyse the differentials of white discharge problems across the respondents background characteristics.
- To find out the determinants of white discharge across the respondents background characteristic.

Hypotheses

Based on the objectives and conceptual framework, the following major hypotheses were postulated for empirical examination.

- ✚ Young married women from remote areas are at disadvantage side in terms of various reproductive health dimensions like marrying early, keeping poor menstrual hygiene, utilising maternal health care and use of contraceptive to a lower, suffer largely with white discharge problems.
- ✚ Young married women who are better in their socio-economic status viz. education, working, earning good income and belong to families of higher income brackets/standard of living would maintain better menstrual hygiene, utilise maternal health care services and less magnitude of white discharge problems, irrespective of their caste background.
- ✚ Young married women who marry at higher wages would utilise maternal health care service and contraception to a large extent would suffer with less magnitude of white discharge problems as well as other gynaecological and obstetric problems.
- ✚ Young married women who ever have Knowledge about White discharge problems will utilize health care services to a large extent and less affected with such problems.

Area of Study

- ✚ Data for the present study was collected from 778 married women of Killai Cuddalore district in Tamil Nadu, using Universal sampling technique.
- ✚ **Sample frame and size:** Married women from the age group 15-24 years were selected from 8 villages of Killai Block namely Singarakuppam, Manampaadi, Ponnamthittu, Killai, M.G.R. Thittu, Muzhukuthurai, Thandavarayan Chollan Pettai, Mudasalodai under Cuddalore district. The sample women must have at least one living child at the time of survey. The data was collected during January to December 2020.

Tools for Data Collection

Interview schedule was used for the purpose of data collection. A pre-test was conducted for 10 women. Unnecessary questions were deleted and necessary questions were added.

Analysis of the Study: The collected data were coded and entered in SPSS spread sheet. The statistics used for analysis were percentage, chi-square test and multi-logistic regression technique.

- ✚ In the first stage the patterns of white discharge problems were analysed using percentage distribution.
- ✚ In the second stage the differentials of white discharge problems across the respondents background characteristics were analysed using chi-square test of significance and
- ✚ In the third stage the determinants of white discharge problems across the respondents' background characteristics were analysed using the multi-logistic regression technique.

Patterns of White Discharge and Related Problems

Information about the women suffering from different white discharge problems during the preceding year of the survey date is provided in table:1 On the whole higher percentage of women from schedule caste suffered from any one of the white discharge problems during the last one year period Among individual problems white discharge with bad odor followed by itching , severe lower abdominal pain and white discharge with fever are the most reported ones , and that magnitude is higher among schedule caste than their counter parts non-schedule caste ($p < 0.05$).The percent of women suffering from other white discharge problem was comparatively less and in these too caste wise differentials were negligible

Differentials in Any White Discharge Problem

Results provided in Table 2 highlight that among the total sample women (Col. 7), the percent of women suffered from, any white discharge problem, by and large, did not vary much across their

background characteristics. With a few exceptions, the percent of women suffered from white discharge problem decreased significantly (at different levels) with an increase in respondents' monthly income, total family income, access to and control over economic resources and freedom of mobility, autonomy in social and family well-being, exposure to mass media (index) and menstrual hygiene (index). Inconsistent but significant differentials in the percent of women who suffered from any white discharge problem are also observed across respondents' occupational status and monthly income of husbands.

More or less, similar significant differentials' (at different levels) in the percent of women who suffered from any white discharge problems across the background characteristics under consideration are also observed among scheduled castes and non-scheduled castes with the following few exceptions. In the case of scheduled castes (Col. 5 of Table 2) such percent varied inconsistently by husbands' occupation ($p < 0.05$), but did not turn out significant across respondents' occupation, husbands' monthly income, use of family planning methods and number of pregnancies. In the case of non-scheduled castes (Col. 6 of Table 2), such percent did not vary much across respondents' and husbands' monthly income as well as total monthly income and respondents' exposure to mass media (index).

Determinants of Women Suffered from Any White Discharge Problems (Logistic Regression Analysis)

Information given in Table 3 (Col. 7) also highlight that among total sample women, controlling for other factors, young married women belonging to non-scheduled castes reported lower magnitude of any problem related to white discharge ($p < 0.10$) than that experienced by their counterparts belonging to scheduled castes. Educational status of women to a certain extent ($p < 0.10$) has exerted a positive influence on reporting of white discharge problems by women, whereas other socio-economic variables and autonomy factors did not show significant net effects. However, it is conspicuous to note that women's autonomy in social and family well-being and menstrual hygiene (index) have demonstrated a highly significant net negative effect on the tendency to report any white

discharge problems. Conversely, the likelihood of reporting such problems has shown an increasing trend with an increase in number of pregnancies ($p < 0.10$). Use of contraception and age of respondents though show positive net effects on the probability of women suffered from any white discharge, problems, statistically these effects observed as insignificant.

More or less, similar findings are also noticed among scheduled castes and non-scheduled castes women under consideration (Table 1) with the following exceptions. Among scheduled castes (Col. 5), number of pregnancies has exerted a negligible net effect on reporting of women suffered from any white discharge problem. On the other hand, among the non-scheduled castes women (Col. 6), while the magnitude of net effects of women's exposure to mass media on the likelihood of reporting any white discharge problems turned out as significant to some extent ($p < 0.10$), the independent effects of number of pregnancies and menstrual hygiene (index) have lessened and noted as. Insignificant

Table - 1
Patterns of White Discharge Problem

White Discharge and Related Problems	Percentage		
	Scheduled Caste	Non Scheduled Caste	Total
Wit Discharge with : Bad Odour	17.6	11.0	13.6
Itching or Irritation	9.1	8.1	8.5
With Fever	3.6	5.3	4.6
Severe Lower Abdominal Pain	6.2	5.7	5.9
<i>Suffered with Any White Discharge Problem</i>	26.4	18.3	21.5

Table - 2

Percentage of Respondents Suffered from Any White Discharge Problem by their Background Characteristics across Caste Background

White Discharge Problem	Percentage		
	Scheduled Caste	Non Scheduled Caste	Total
1. Current Age (in years)			
< 21	30.9	12.6	20.3
22 - 23	25.9	19.6	22.2
24 - 25	23.7	20.3	21.6
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
2. Education of Respondents			
Illiterates	30.0	16.7	22.9
Upto Middle School	24.8	15.7	20.1
High / Higher Secondary School	25.0	20.8	21.9
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
3. Education of Husbands			
Illiterates	37.3	22.4	28.3
Upto Middle School	22.3	14.3	18.3
High / Higher Secondary School	30.0	14.7	20.2
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	<i>NS</i>
4. Occupation of the Respondents			
Housewives	26.1	17.1	20.3
Agricultural Labourers	33.7	22.9	27.6
Unskilled Workers	17.8	12.0	14.7
Skilled Workers	22.2	21.3	21.5
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	0.01
5. Occupation of the Husbands			
Agricultural/Unskilled Labourers	22.4	15.1	18.8
Skilled Workers	39.0	17.7	25.8
Business / Cultivators / Employees	29.4	22.7	23.9
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	0.05
6. Monthly Income of the Respondents			
No Income	26.1	17.1	20.3
Rs. 400 - 750	34.3	22.9	27.8
Rs. 751+	16.7	14.9	15.6
<i>Level of Significance</i>	0.05	<i>NS</i>	<i>NS</i>
7. Monthly Income of the Husbands			
Rs. <1500	24.5	13.1	18.4
Rs. 1501 - 2000	32.7	21.8	26.9
Rs. 2001 +	19.0	20.3	20.0
<i>Level of Significance</i>	<i>NS</i>	<i>NS</i>	0.05
8. Monthly Family Income			
Rs. <1500	27.3	15.6	20.9
Rs. 1501 - 2000	33.0	21.2	26.5
Rs. 2001 +	12.7	18.4	16.9
<i>Level of Significance</i>	0.01	<i>NS</i>	0.05
9. Age at Marriage of Respondents			

12 – 15	24.5	12.1	19.4
16 – 17	30.4	23.8	26.4
18 +	22.7	15.3	17.4
<i>Level of Significance</i>	NS	0.05	0.01
10. Respondents' Access to and Control over Economic Recourses and Freedom of Mobility (Index)			
Lower	34.9	25.2	29.6
Moderate	24.2	14.6	18.4
Higher	22.1	17.5	19.2
<i>Level of Significance</i>	0.10	0.10	0.01
11. Autonomy in Social and Family Well-Being (Factor)			
Lower	34.5	23.1	28.1
Moderate	25.4	18.2	20.9
Higher	15.8	13.1	14.1
<i>Level of Significance</i>	0.01	0.10	0.001
12. Exposure of Mass Media (Index)			
Lower	35.8	19.0	27.1
Moderate	24.4	18.2	20.5
Higher	15.5	17.8	17.0
<i>Level of Significance</i>	0.01	NS	0.05
13. Use of Family Planning Method			
No	24.4	15.7	19.0
Yes	31.7	28.4	29.9
<i>Level of Significance</i>	NS	0.001	0.001
14. Year of Birth			
0	35.8	19.0	27.1
1	24.4	18.2	20.5
2	15.5	17.8	17.0
<i>Level of Significance</i>	0.01	NS	0.05
15. Order of Birth			
1	36.6	30.8	33.5
2	21.3	16.1	18.0
3	23.3	11.8	16.1
<i>Level of Significance</i>	0.05	0.001	0.001
Total	26.4	18.3	21.5

Table – 3

Logistic Regression Analysis Results on Respondents Suffered from Any White Discharge Problem across their Caste Background

Predictor Variables	White Discharge Problem		
	Scheduled Caste	Non Scheduled Caste	Total
Col. 1	Col. 2	Col. 3	Col. 4
Caste (Ref. Scheduled Castes) Non-Scheduled Castes	-	-	1.000 0.734*
Age of the Respondents	1.119	0.940	1.204
Educational Status of the Respondents	1.063*	1.006	1.038*
Total Monthly Family Income	1.000	1.000	1.000
Age at Marriage of the Respondents	0.881	1.018	0.944
Respondents Exposure to Mass Media (Index)	1.083	0.832*	0.987
Respondents Access to and Control Over Economic Resources and Freedom of Mobility (Index)	0.988	0.987	0.982
Autonomy in Social and Family Well-Being	0.684**	0.753*	0.735***
Number of Pregnancies	1.359	1.243	1.298*
Menstrual Hygiene (Index)	0.822***	1.000	0.861***
Use of Contraception (Ref. No.)	1.000	0.935	1.000
Yes	1.537	1.537	1.382
-2 Log likelihood	409.892	335.070	759.146
Chi-square (d.f.)	37.840 (10)	19.23 (10)	50.06 (10)
Level of Significance	0.001	0.037	0.001
Sample Women	307	471	778

Note: +, *, ** and *** = Beta Coefficients are Significant at 0.01, 0.05, 0.01 and 0.001 levels respectively.

Conclusions

On the whole higher percentage of women from schedule caste suffered from any one of the white discharge problems during the last one year period. Results provided in TABLE: 2 highlights that among the total sample women (col.7) the percent of women suffered from any white discharge problems did not vary much across their background characteristics. In the case of scheduled caste (col.5 of table:2) such percent varied insignificantly by husband's occupation($p < 0.05$) but did not turn out to be significant in the case of respondents occupation, husbands monthly income, use of family planning methods and number of pregnancies.

Regarding determinants of white discharge problems, Information given in Table:3 (col.7) also highlights that among total sample women young married women from non-scheduled caste reported lower magnitude of white discharge problems than schedule caste women ($p < 0.10$). Educational status of women to a certain extent exerted a positive influence on reporting of white discharge problems by women. However, it is conspicuous to note that women's autonomy in social and family well-being and menstrual hygiene (index) have demonstrated highly significant net effect on the tendency to report any white discharge problems. Conversely the likelihood of reporting such problems has shown an increasing trend with an increase in the number of pregnancies ($p < 0.10$).

Policy Implications

- There is need for imparting information to young women, especially in rural setting, about the sexual hygiene and menstrual hygiene through formal education when they are in schools and colleges and through informal education by the parents and health professionals Under the RCH programme as well as National Rural Health Mission (NRHM) implemented by the Government of India. Paramedical personnel and ASHAs may be entrusted such activities with more seriousness.
- Young women of rural settings, by and large, may be encouraged to go for higher education before they enter into married life and to participate in income generating activities, which in turn improve their personal and family income. While education would serve to learn about healthy practices during sexual intercourse, during menstruation better incomes would facilitate to keep up their reproductive health and thereby control white discharge problems
- In majority of the villages in Tamil Nadu, the panchayats (local self government) are being provided with funds by the state governments to construct a 'public health/hygiene centre', wherein facility are provided for bath, public toilets and some place for washing the clothes, etc., for which a token amount is charged while making use of these. The young rural women have to

be encouraged to make use of these facilities so as to keep up personal hygiene. And thereby get rid of reproductive tract problems and white discharge problems.

- Efforts may also be taken to maintain cleanliness in such centers including providing water supply, cleaning materials, more funds, etc. such efforts would increase the menstrual hygiene among women, in addition to preventing various infection including those related to menstruation. Efforts may be taken to establish adolescent and youth clinics all over the developing countries on a particular day when there are public holidays, to begin with in selected primary health centers where the services of a lady medical officer are made available.
- Steps may be taken to assess and measure adequate nutritional status, screening for blood grouping services, extending gynecological services and counseling, treatment to menstrual problems,

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